

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75919

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: UNIVERSITY PHOTOGRAPHY, INC.

**Current Principal Place of Business:**

% JAMES H. PARKER  
P.O. BOX 14018  
GAINESVILLE, FL 32604

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2454  
TUSCALOOSA, AL 35403

**New Mailing Address:**

FEI Number: 59-2594422      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKER, JAMES H  
619 S. MAIN ST.  
SUITE #G  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LIMMROTH, GARY W  
Address: 2819 6TH ST  
City-St-Zip: TUSCALOOSA, AL

Title: D ( ) Delete  
Name: PARKER, II, JAMES H  
Address: 21 20TH PL E  
City-St-Zip: TUSCALOOSA, AL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE PARKER

D

01/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date